

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 MAY -7 AM 11:37

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

BLUEGRASS RURAL

ADDRESS (number and street) **P.O. BOX 113**

Check if different than previously reported. (ACC) **MELBER** **KY** **42069**

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C00567172

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)** **X**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)	<input checked="" type="checkbox"/> General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on **11/04/2014** in the State of **KY**

(d) 30-Day **POST-Election** Report for the:

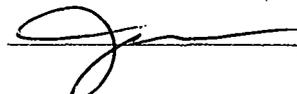
General (30G)	Runoff (30R)	Special (30S)
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Election on _____ in the State of _____

5. Covering Period **10/01/2014** through **10/15/2014**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **JEANIE EMBRY**

Signature of Treasurer  Date **05/04/2015**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLUEGRASS RURAL

Report Covering the Period:

From:

^{M M / D D / Y Y Y Y}
10/01/2014

To:

^{M M / D D / Y Y Y Y}
10/15/2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	1,326.35	
(c) Total Receipts (from Line 19).....	3,100.00	11,955.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,426.35	11,955.00
7. Total Disbursements (from Line 31).....	3,796.20	11,324.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	630.15	630.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BLUEGRASS RURAL

Report Covering the Period: From:

10/01/2014

To:

10/15/2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2,750.00 , *10,250.00*

(ii) Unitemized.....

350.00 , *1,705.00*

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3,100.00 , *11,955.00*

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

3,100.00 , *11,955.00*

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0 , *0*

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

0 , *0*

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,100.00 , *11,955.00*

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

3,100.00 , *11,955.00*

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 3,100.00	, 11,955.00
34. Total Contribution Refunds (from Line 28(d))	, 0.	, 0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 3,100.00	, 11,955.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 11.95	, 185.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	, 0.	, 0.
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 11.95	, 185.35

BENNY INDIAN

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) BLUEGRASS RURAL	FEC IDENTIFICATION NUMBER ▼ C00567172
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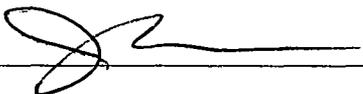
Check if 24-hour report 48-hour report New report Amends report filed on **10/20/2014**

Full Name of Payee MLB RESEARCH ASSC.		Date of Public Distribution/Dissemination 10/15/2014	
Mailing Address 54 Stage Rd.		Amount 26275	
City Williamsburg	State MA	Zip Code 01096	Date of Disbursement or Obligation 10/15/2014
Purpose of Expenditure VETERANS FLYER		Category/Type 006	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 7499.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26275
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	7499.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **10/5/2015**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) BLUEGRASS RURAL	FEC IDENTIFICATION NUMBER ▼ C00567172
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Check if 24-hour report 48-hour report New report Amends report filed on **10/20/2014**

Full Name of Payee Good Neighbor		Date of Public Distribution/Dissemination 10/12/2014	
Mailing Address 3042 A LONE OAK Rd.		Amount 253.50	
City Paducah	State Ky	Zip Code 42003	Date of Disbursement or Obligation 10/17/2014
Purpose of Expenditure Display Ad		Category/Type 004	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 7,753.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Codix Record		Date of Public Distribution/Dissemination 10/15/2014	
Mailing Address P.O. Box 1670		Amount 20000	
City Codix	State Ky	Zip Code 42211	Date of Disbursement or Obligation 10/14/2014
Purpose of Expenditure Display Ad		Category/Type 004	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 7,953.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	716.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	7953.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political-party committee) any political party committee or its agent.

Signature

Date **05/04/2015**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	10 / 20 / 2014

Full Name of Payee WSON
Mailing Address 230 2nd St. STE 104
City State Zip Code HENDERSON Ky 42420
Purpose of Expenditure Radio Ads
Category/Type 004

Date of Public Distribution/Dissemination 10 / 06 / 2014
Amount 357.00
Date of Disbursement or Obligation 09 / 30 / 2014

Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8310.00	

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____
<input type="checkbox"/> President	State: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee WAVJ
Mailing Address 108 WEST MAIN ST.
City State Zip Code PRINCETON Ky 42445
Purpose of Expenditure Radio Ads
Category/Type 004

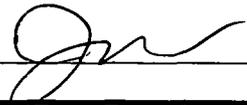
Date of Public Distribution/Dissemination 10 / 06 / 2014
Amount 3000.00
Date of Disbursement or Obligation 09 / 30 / 2014

Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8610.00	

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____
<input type="checkbox"/> President	State: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1373.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	8610.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **05** / **04** / **2015**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 7
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER ▼ C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/20/2014	

Full Name of Payee WFKN	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address 103 N. High St.	Amount 360.00
City State Zip Code Franklin Ky 42134	
Purpose of Expenditure Radio Ads	Date of Disbursement or Obligation 09/30/2014
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 8970.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Bristol Broadcasting	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address 6000 WKYX/WKYQ Rd.	Amount 520.00
City State Zip Code Paducah Ky 42003	
Purpose of Expenditure Radio Ads	Date of Disbursement or Obligation 09/30/2014
Name of Federal Candidate Mitch McConnell	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 9490.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2,253.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	9,490.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **05/04/2015**

2014-10-20 10:11:11 AM

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/20/2014	

Full Name of Payee WCBL	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address Hwy 408 E.	Amount 180.00
City BENTON State Ky Zip Code 42025	Date of Disbursement or Obligation 09/30/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate MITCH MCCONNELL <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9,670.00	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FOREVER COMMUNICATIONS	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address 1500 Diuguid DR.	Amount 550.00
City MURRAY State Ky Zip Code 42071	Date of Disbursement or Obligation 09/30/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate MITCH MCCONNELL <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,220.00	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2983.25
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	10,220.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **05/04/2015**

UNION - 241 - UNION

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 00567172
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/20/2014	

Full Name of Payee WXBC	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address 110 South Main St.	Amount 291.00
City HARDINSBURG State Ky Zip Code 40143	Date of Disbursement or Obligation 09/30/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10511.00	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky <input type="checkbox"/> President
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee WCKK	Date of Public Distribution/Dissemination 10/06/2014
Mailing Address 2 ASPEN ST.	Amount 310.00
City Colvert City State Ky Zip Code 42029	Date of Disbursement or Obligation 09/30/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10821.00	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky <input type="checkbox"/> President
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3584.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0.00
(c) TOTAL Independent Expenditures.....▶	10821.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **05/04/2015**

20140914 14:21:10

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When used internationally affix customs declarations (PS Form 2976, or 2976A).

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) _____ PHONE () _____

PAYMENT BY ACCOUNT (If applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Notes: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurances; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.

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*Refer to USPS.com® or local Post Office® for availability.

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Date Accepted (MM/DD/YY) _____ Scheduled Delivery Time _____ Insurance Fee _____ COD Fee _____

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12 NOON

Time Accepted AM PM _____ 10:30 AM Delivery Fee _____ Return Receipt Fee _____ Live Animal Transportation Fee _____

Weight _____ lbs. ozs. _____ \$ _____ Sunday/Holiday Premium Fee _____ Total Postage & Fees _____

Acceptance Employee Initials _____

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) _____ Time _____ Employee Signature _____

AM PM

Delivery Attempt (MM/DD/YY) _____ Time _____ Employee Signature _____

AM PM

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